

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **101089370**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	1		1				53						
4		1		1			54						
5		1		1			55						
6		2		1			56						
7		2		1			57						
8		2		1			58						
9		2		1			59						
10	1		1				60						
11		2		1			61						
12		2		1			62						
13		2		1			63						
14		2		1			64						
15		2		1			65						
16		2		1			66						
17		2		1			67						
18							68						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.		3		1			TOTAL DEP.						
TOTAL CLAIMS	1	3	1	1			TOTAL CLAIMS						